

State Officer Application Form
Mail by December 15:
Becky Dynes
Tennessee Association Family, Career and Community Leaders of America
4th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0383

Chapter_____Adviser_____

Candidate's Name_____Birth Date_____

Home Address_____
(Street) (City) (Zip)

Age_____Grade (next year)_____

Parent/Guardian's Name_____

(Phone Number) (Street) (City) (Zip)

Applicant's School_____Principal_____

School Address_____
(Street) (City) (Zip)

Applicant's Fall Semester Grade Point Average (Minimum 2.5)_____

List all the Family and Consumer Sciences classes you have taken and the year or grade taken:
Include a copy of your transcript with courses highlighted.

Classes

Year or Grade

How many years have you been an active FCCLA member?

(Include current school year)_____

Describe your involvement in FCCLA at the local, and/or state level (include any FCCLA chapter offices you have held).

Include a copy of your chapter affiliation form with your name highlighted.

List your participation in other school and community activities other than FCCLA (include major activities, organizations you belong to, offices held, and awards or honors received).

Use only the space provided. Write one paragraph for each of the two topics below.

FCCLA has helped me grow—

The most important qualities of an effective leader are –

Student's Signature_____

Principal's Signature_____

Career Technical Director's Signature_____

NOTE TO PARENTS/GUARDIAN AND ADVISERS: This student is applying for consideration for a state officer candidate. It is an honor and responsibility for the student.

PARENTS: This will require your support financially, emotionally, physically, and in general, strong parental backing.

Parent/Guardian Signature _____ Date _____

ADVISER: Your signature is verification of the qualifications of this candidate. Your assistance is required in completing all duties assigned to your officer.

CHAPTER ADVISER STATEMENT: The Candidate's chapter and chapter adviser have recommended this candidate for state officer. I will support this candidate by attending all required meetings. This includes supporting the state officer candidate in planning, preparing, and executing all responsibilities.

YES, I AM WILLING TO ACCEPT THESE RESPONSIBILITIES AND SUPPORT THIS CANDIDATE FOR STATE OFFICER.

Adviser's Signature _____ Date _____

Attach the following to this form:

- 1) Two recommendations from school administrators or teachers on leadership, citizenship, scholarship, maturity level, etc.
- 2) A narrative description indicating what qualifies you as a State Officer Candidate. Do not exceed 160 words.
- 3) A copy of your transcript with courses highlighted.
- 4) A copy of your chapter affiliation form with your name highlighted.
- 5) A wallet size photograph.